CENTRAL CHRISTIAN ACADEMY

STUDENT ENROLLMENT PACKET 2026-2027

Dear Parents/Guardians,

Greetings and welcome to Central Christian Academy!

The following enrollment packet includes forms the school needs to meet state and federal compliance and information that will help us better serve your child. It is important to report on any changes to avoid our student records becoming outdated. With this said, and to keep up with any changes, please take a few minutes to review and complete the following forms for your child (ren) and return them to the school as soon as possible. Please submit all forms to the school.

The packet includes the following:

Student Information: This information needs to be completed even if you completed one last year since many of the items may have changed. Please be sure to sign and date this form. Providing the school with emergency contact numbers is especially important.

Medical Information and Family Medical Authorization for emergency health care is vital. We may not be able to reach you if your child is ill or injured and needs medical attention.

Parental Consent for emergency care and pick-up permission, child accessibility in the cases of divorce and estrangement, permission to travel, school health services, statement of non-discriminatory policy, and statement of faith.

Field Trip Transportation Authorization: This form needs to be completed to indicate if your child may or may not attend field trips throughout the 2026-2027 school year.

Cell Phone Policy: Please read carefully and sign.

Financial Agreement/Tuition Schedule 2026-2027: Forms need to be completed and signed.

Book—Payment Plan Arrangement: The form needs to be completed and signed.

Admissions Agreement: Please sign this form.

Request for Confidential Records: This form needs to be completed. If you are unable to provide Central Christian Academy with the required documentation from the previous school, CCA will attempt to obtain it with your signed release of authorization.

Please return all the forms to the office clerk, thank you and have a great year!

CENTRAL CHRISTIAN ACADEMY
ENROLLMENT INFORMATION

NECESSARY INFORMATION TO REGISTER!

Verification of Legal Name

- Birth Certificate

Verification of Age

- Birth Certificate
- Passport
  To enter kindergarten, a child must be 5 years old on or before September 1.
  To enter first grade, a child must be 6 years old on or before September 1.

Verification of Immunization and **Physical Exam**

- **Proof of immunizations on Form 680**, which can be obtained at the ***Orange County Health Department***: 832 W. Central Blvd., Orlando, FL - Phone Number 407-836-2600.
- **Proof of physical examination** by a U.S. doctor within the last year. These forms must be completedby a Florida physician or a Florida county health department.

Verification of Academic History

- Transcript
- Withdrawal Form
- Last Report Card

Verification of Special Education Information (if applicable)

- Current IEP **OR** Current 504 Plan
  Private schools are not required by law to follow current IEPs or 504 Plans. This service is provided by the Public School System and CCA is not required to provide special education services to children with disabilities. Our office will consider students on a case-by-case basis and will notify the parents if CCA will be able to accommodate the student's needs.

Verification of your Domicile in Orange County or **Osceola County** (one of the following)

- Current Homestead Exemption Card
- Property Tax Statement
- Signed Closing Contract
- Lease

Verification of Address (if you don't have a lease or own your home)

Four documents are required with Student Enrollment, two from the parent or guardian and two from the homeowner or lessee. The four documents are:

1. **Parent** or **Guardian's** Florida driver's license or state ID showing the current correct address.
2. Another item in the **parent** or **guardian's** name shows the current address such as autoregistration, current bill, or current pay stub.
3. **Homeowner** or **Lessee's** homestead exemption card, property tax information or lease agreement.
4. **Homeowner** or **Lessee's** Florida driver's license or state ID showing the correct address.

Verification of Guardianship

1. Birth Certificate

If applicable, you must provide one of the following: Court Custody Documentation (this includes divorce decrees)

CENTRAL CHRISTIAN ACADEMY

OFFICE USE ONLY: Date received _____
Reg. Fee_____Check #_____or Cash _____
Returning_____Sibling_____New_____
Immunization Form
Physical
Transcripts
Birth Certificate
Withdrawal documents
Last Report Card
Interview
Student #_____Entrance exam:_____
Scholarship_____Step Up____McKay____Gardiner____Other
Payment Plan:_____Yes_____No - amount : $_____
Extended Day_____AM_____PM_____AM/PM_____No

Enrollment Application 2026-2027

STUDENT INFORMATION

Grade Entering: ___

Central Christian Academy will admit students of any race, color, or gender as determined at birth, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. We will not discriminate based on race, color, or gender as determined at birth, national, and ethnic origin in the administration of our educational and admission policies nor in our financial aid, athletics, and other programs.

Student's Legal Name:_____Preferred Name: _____

Social Security Number:_____ Date of Birth:_____ Age: _____

Sex_____ Race: _____ Ethnicity: _____

Student's Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone:_____ Student Cell Phone: _____

E-mail Address: _____ Do your student have any siblings at CCA? **Yes** _____ **No** _____

Name (s): _____

Student lives with: Both Parents _____ Father _____ Mother_____ Other _____ Please specify: _____

If parents are separated or divorced, is the non-custodial parent to receive a copy of the grade report? **Yes**___ **No** _____

Are there any restrictions on the non-custodial parent?_____ If yes, explain and include a copy of court papers:

_____

_____

Last School Attended:_____

School Address: _____

Was the student allowed to re-enroll in the previous school? **Yes** _____ **No** _____ If no, please explain: _____

Did the student fail any classes in the previous years? **Yes** _____ **No** _____

If yes, please explain: _____

If registering mid-year, is the student failing any classes? **Yes** _____ **No** _____

If yes, please explain: _____

If registering mid-year, could the student continue at the currently enrolled school at the time of withdrawal?

Yes _____ **No** _____ If no, please explain:_____

Has the student ever repeated or skipped a grade? **Yes** _____ **No** _____

If yes, please explain: _____

Has the student ever been homeschooled? **Yes** _____ **No** _____ If yes, what grades? _____

Does the student have any learning difficulties? **Yes** _____ **No** _____

If yes, please explain: _____

Has the student ever been professionally tested for one of the following: ***ADD/ADHD***, ***SLD***, ***Hearing***, ***Vision***, ***Speech*** or any other? **Yes** _____ **No** _____ If yes, discuss the results and include a copy of the report.

Has the student ever been arrested? **Yes** _____ **No** _____

If yes, please explain: _____

Has the student ever been suspended from school? **Yes** _____ **No** _____

If yes, please explain: _____

Has the student ever been expelled from school? **Yes** _____ **No** _____

If yes, please explain: _____

Has the student had a behavioral problem? **Yes** _____ **No** _____

If yes, please explain: _____

Does the student have access to appropriate research materials such as an encyclopedia, CD-ROM, or Internet access?

Yes _____ **No** _____

Father: Full Legal Name: _____

Occupation: _____ Place of Employment: _____

Address if different from student's: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Father's Email: _____

Mother: Full Legal Name: _____

Occupation: _____ Place of Employment: _____

Address if different from student's: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Mother's Email: _____

What is your family's church affiliation? _____

How did you hear about Central Christian Academy? _____

Name of the person(s) responsible for the student's tuition: _____

Relationship to student: _____

EMERGENCY CONTACTS

Please list two people other than parents:

Name: _____ Relationship to Student: _____ Cell Phone: _____

Name: _____ Relationship to Student: _____ Cell Phone: _____

CENTRAL CHRISTIAN ACADEMY
5503 N Hiawassee Rd Orlando, FL 32818

MEDICAL INFORMATION 2026-2027

Name:_____ Birth Date:_____ Grade Entering: _____

Check if the student has had any of the following. Give dates of any positive answer.

Polio ☐	Jaundice ☐	Whooping Cough ☐	German Measles ☐
Fractures ☐	Mumps ☐	Rheumatic Fever ☐	Measles ☐
Tuberculosis ☐	Chicken Pox ☐	Scarlet Fever ☐	Kidney Infection ☐
Malaria ☐	Concussion/ Head Injury ☐	Other ☐ _____	

Explanations:_____

Check if the student has had any of the following. Please explain any positive answers.

Asthma ☐	Abdominal Pains ☐	Hay Fever ☐	Constipation ☐
Ear Trouble ☐	Hearing Loss/ Defect ☐	Bladder Problem ☐	Glasses ☐
Heart Trouble ☐	Contact Lenses ☐	Epilepsy ☐	Tonsillitis ☐
Diabetes ☐	Indigestion ☐	Hernia ☐	

Explanations:_____

Is the student on any medications? **Yes** _____ **No** _____

Specify:_____

Does your child have any physical limitations that might require some adjustments to a normal student activity schedule? **Yes** _____ **No** _____

If yes, please describe:_____

Has your child had any operations? **Yes** _____ **No** _____

If yes, please describe:_____

Does your child have any allergies? **Yes** _____ **No** _____

If yes, please describe: _____

Has your child ever been treated for any nervous, mental, or emotional disorder? **Yes** _____ **No** _____

If yes, since when and for how long:_____

Is there any other medical information about your child that you think we should have?

_____

_____

CENTRAL CHRISTIAN ACADEMY

FIELD TRIP TRANSPORTATION AUTHORIZATION

As part of our overall educational program at **Central Christian Academy**, students could learn off-campus throughout the school year. Experiential learning may include outings to museums, historical sites, parks, theatre productions, and other age/curriculum-appropriate events. To reduce the number of permission slips that are sent home, we are requesting permission for each child to be allowed to participate in and attend school field trips and be transported to/from such events by bus, parents (with necessary clearances, driver's license, vehicle insurance, and registration) and/or teachers. Parents will be notified in advance of each of these scheduled trips.

Please indicate your authorization below:

☐ The following student(s) may attend field trips throughout the **2026-2027 school year** and be transported to/from such events by an authorized and approved adult chaperone unless **I withdraw my authorization (in writing) prior to the field trip.**

☐ **The following student(s) may not attend field trips and be transported to/from such events by an authorized and** approved adult chaperone throughout the **2026-2027 school year.**

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Parent/Guardian Signature: _____ **Date:** _____

CENTRAL CHRISTIAN ACADEMY

CELL PHONE POLICY

The use of a cell phone by a student while school is in session is **not allowed.** Students who use cell phones at school will have the cell phone **confiscated** and the phone will only be returned to the parent/ guardian. If a cell phone is brought to school and is lost or stolen, the school is not responsible for the loss.

Unauthorized electronic devices, such as handheld games and headphones, should not be brought to school. Students who bring unauthorized electronic devices will have them confiscated. If these items are brought toschool and are lost or stolen, the school is not responsible for the loss. Authorization for having thesedevices on campus can only be given by the administration.

The consequences are as follows:

- First Offense: The electronic device will be returned to the parent/guardian of the student.
- Second Offense: The electronic device will be returned to the parent/ guardian of the student and the student will receive detention.
- Third Offense: The parent must sign paperwork acknowledging the electronic device will be returned at the end of the academic year.

FAILURE TO SURRENDER ITEMS WILL RESULT IN DISCIPLINARY CONSEQUENCES

Student Name: _____ **Grade:** _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ **Date:** _____

CENTRAL CHRISTIAN ACADEMY
5503 N Hiawassee Rd Orlando, FL 32818

FAMILY MEDICAL AUTHORIZATION

STUDENT INFORMATION

Name: _____ Gender: Female _____ Male _____
Age: _____ Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____
Mother's Name: _____ Cell Phone: _____ Work Phone: _____
Father's Name: _____ Cell Phone: _____ Work Phone: _____

MEDICAL INFORMATION

Daily Medications: _____
Allergies: _____
Medical Insurance Company: _____ Policy #: _____
Name of Doctor to be called: _____ Phone #: _____
Name of Dentist to be called: _____ Phone #: _____
Name of Hospital Preferred: _____

LIST TWO PERSONS TO CONTACT IF PARENTS CAN NOT BE REACHED:

Name:_____ Relationship to Student: _____ Cell Phone:_____
Name:_____ Relationship to Student: _____ Cell Phone:_____

IN THE EVENT OF AN EMERGENCY, WE WILL ACCESS THE 911 EMERGENCY SYSTEMS. IF YOU WOULD LIKE TO GIVE THEM ADVANCE PERMISSION TO BEGIN TRANSPORT AND TREATMENT OF YOUR CHILD, PLEASE SIGN THE FOLLOWING STATEMENTS

PERMISSION TO TRANSPORT STATEMENT

I do hereby state that I am the parent or guardian of the child named in this form. To expedite the care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport of this child to the preferred or appropriate medical facility, according to what they deem indicated by the nature or extent of the injuries. I agree to be financially responsible for this child's treatment and transport. I will notify the school of any changes to this information.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

PERMISSION TO TREAT STATEMENT

I do hereby state that I am the parent or guardian of the child named in this form. To expedite the care of this child, I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival at the appropriate facility. I agree to be financially responsible for this child's treatment. I also request that I be notified of my child's condition and admission as soon as possible. If I am unable to be reached, I request that the admitting facility notify one of the other individuals listed above of my child's condition and admission.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

CENTRAL CHRISTIAN ACADEMY

STUDENT TUITION & FEE SCHEDULE 2026-2027

TUITION	ALL GRADES
K-12	$12,500.00

Payments are based on 10 payments beginning August 1st with the last payment being made on May 1st.

OTHER FEES (NON-REFUNDABLE)	
Registration Fee (all students)*	**$95.00**
Testing Fee (all students)*	**$175.00**
Technology Fee (all students)*	**$150.00**
Security Fee (all students)*	**$240.00**
Book Usage Fee (all students)*	**$275.00**
Transportation Fee	$95.00 (Weekly)
	$2,950.00 (Yearly)

GRADUATION FEES			
Must be paid by March 15th *(Includes cap, gown, diploma)*	**K5**	**8th Grade**	**12th Grade**
	$210.00	$210.00	$210.00

LATE TUITION FEE	$35.00 (per child)

- Tuition is due on the **1st** of each month.
- If not paid by the 5th, please include the **$35.00** late fee.
- If Tuition is not paid by the 10th of the month, the student will not be allowed back in class until the Tuition and Late Fee is paid.
- This Fee may also be charged if Scholarship checks are not signed or electronically authorized within 5 Business days after they arrive at the school or sent via email.

RETURNED CHECK FEE	$35.00 (per check)

TEXTBOOK POLICY

If a textbook is lost, stolen, or damaged beyond usability, the student will be required to purchase another textbook from the school at its full replacement cost. All hardbound books are the property of the school and are to be covered with book covers. The books must be returned without excessive wear at the completion of the school year, or an additionalfee will be assessed. If a textbook is missing for three consecutive days, it will be considered lost, and another textbook will need to be purchased.

WITHDRAWALS

For a valid withdrawal, parents MUST sign a withdrawal form indicating their intention of removing their child fromschool. No records will be transferred if there is an outstanding balance due on the student's account. Students attending oneday or more in a month will owe the full month's tuition.

Parent/Guardian Signature: _____ **Date:** _____

Signature indicates that you have read, understood, and agree with the above fees.

CENTRAL CHRISTIAN ACADEMY

FINANCIAL AGREEMENT FORM

Name of Student (FULL LEGAL NAME)

First: _____ Middle Initial: _____ Last: _____
Gender: Female ____ Male ____ Date of Birth: _____/_____/_____ Social Security #: _____-_____-_____
Home Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Contact Phone: _____ E-mail Address: _____
Academic Year: 202___ - 202___ Grade Entering: _____

Name of person(s) responsible for financial obligations

Name: _____ Relationship to Student: _____
Address:_____City/State/Zip:_____
Email Adress: _____ Contact Phone: _____

Name: _____ Relationship to Student: _____
Address:_____City/State/Zip:_____
Email Adress: _____ Contact Phone: _____

Statement of Responsible Financial Party

CENTRAL CHRISTIAN ACADEMY reserves the right to refuse any application or dismiss any child at any time, for unacceptable work or conduct, or any other reason it deems necessary despite payment of fees. I understand that, if I voluntarily withdraw my child or my child is dismissed from the school once classes have begun, I am responsible for paying the full month's tuition. I also understand that records cannot be forwarded to another school until all financial obligations have been satisfied.

I understand that the completion and submission of this form constitutes a legal and binding contract between Central Christian Academy and myself (as the above-named responsible party,) to continue payments for the entire term of the contract. In the event the named (registered) student voluntarily withdraws from the program before the end of the academic year, regardless of the reason, I understand and hereby agree that all subsequent tuition payments are still due as indicated in this agreement and that there will be **NO EXCEPTIONS** to this policy.

_____ _____
Signature of Responsible Party **Date of Contract**

_____ _____
Printed Name of Responsible Party **Florida Driver's License Number**

CENTRAL CHRISTIAN ACADEMY

RELEASE FOR SCHOOL RECORDS

I do hereby authorize: _____

Previous School

_____

Street Address City & State Zip Code

To release all records and information regarding:

_____

Student's Name Grade Date

Please release to Central Christian Academy the following records:

- Former and current grades
- I.Q. and Achievement test scores
- Psychological evaluations (if applicable)
- Health/Shot Records
- Official Transcripts with seal
- Other pertinent information (from the student's permanent records)

Send all information to: **Central Christian Academy**
5503 N Hiawassee Rd Orlando, FL 32818
Attention: Admissions

Parental permission is no longer required when records are requested by authorized school personnel.
(Family Education Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, P. 24673)

CENTRAL CHRISTIAN ACADEMY

Dear Parents and Students,

Whether you are considering re-enrollment or enrollment for the first time, we would like to take a moment of your time and offer a few things to consider before you make your decision. Central Christian Academy adheres to the State of Florida statute section 232.246, which lists the requirements for a standard high school diploma.

The following is a list of those requirements:

English	**4 credits**
Math	**4 credits**
Science	**3 credits** *(2 of the 3 must-have labs)*
Humanities	**3 credits** *(American History, World History, U.S. Govt., Economics)*
Bible I	**1 credit**
Bible II	**1 credit**
Hope	**1 credit**
Foreign Language	**2 credits**
Electives	**7 credits**

Our primary focus has always been on academics. An All-American, who injures themselves and will nolonger be able to compete, will ultimately have to rely on their academics to pull them through.

Our earnest desire is to educate our young people in the major disciplines of Math, Science, Humanities,and English in such a way that it will bring about a calculated outcome. The outcome sought is a good solid G.P.A. minimum of 2.00 and an acceptable college entrance score either on an ACT, SAT, or CPT. It goes withoutsaying that this is much easier to do in a safe Christian environment than in a public-school arena.

We thank you in advance for considering our school. If you have any questions or need any assistance, please don't hesitate to call.

CENTRAL CHRISTIAN ACADEMY
5503 N Hiawassee Rd Orlando, FL 32818

STOP PAYMENT / DISHONERD CHECK STATEMENT

I/we, _____, have check writing privileges at Central Christian Academy. If a check is returned for insufficient funds or payment has been stopped, Central Christian Academy will turn over the dishonored check and all available information to the State Attorney's Office for criminal prosecution.

If a check is returned dishonored by my bank; I have seven (7) days to tender payment of the full amount of the check plus a returned check fee of $35.00. Also, if a check has been dishonored by my bank and is satisfied within seven (7) days, my future payments to Central Christian Academy will be cash and money order only.I may be additionally liable in a civil action for triple the amount of the check, a service charge, court cost, reasonable attorney fees, and incurred bank fees, as provided in Sec. 68.065.

Check Writer's Signature:_____ **Date:**_____

Director of Finance/ Admissions:_____ **Date:**_____

This form must be completed for the application to be accepted, regardless of intentions.
****Copy of Driver's License Attached****

CENTRAL CHRISTIAN ACADEMY

SCHOOL & PARENT RESPONSIBILITIES

School Responsibilities

It is ultimately the parent's responsibility for the discipline of his/her students who ride the school vans. Students who cannot comply with the school van regulations may be denied the privilege of riding. When this happens, school attendance is still required, and parents must make other arrangements for their children to get to school. Violations of van policies can also result in School suspension and/or recommendation for school expulsion.

Parent Responsibilities

- To review the "School Vans Rules and Regulations" with their children.
- Complete the "Request for School Van Transportation" form. Vans personnel or transportation staff mayneed to contact parents about emergencies or disciplinary matters.
- Instruct children to cross in front of the vans after being discharged if their drop off location requires them to cross the road.
- Safety and supervision of their children until they board the van, and at the end of the day from the timethe school van departs the loading area of their stop.
- Have their children ready to board the van ten (10) minutes before the scheduled arrival time of the van.
- Should develop specific routes that minimize the exposure of their children to vehicular traffic whenwalking to and from the van stops.
- Talk to their children about obeying school crossing guards and traffic control signals.
- Parents should walk to and from the van stops with their younger children, using this opportunity to teach their children proper pedestrian practices.
- Should be home to receive children with special needs from the school vans at the end of the school day.
- Must arrange for a responsible adult or older child (sister, brother, or neighbor) to accompany their children in the parents' absence.
- Must provide a week's notice for changes of pick up/ drop of location and or if they plan to move residence.

Parents are liable for damage caused by their children to the property of others, including the school van.When children walk to and from the van stop or school, they must show consideration and respect for the property of citizens whose homes and places of business are located along their routes.

Remember riding the school van is a privilege.
This privilege may be temporarily denied or permanently revoked if the misconduct of the child jeopardizes the safe operation of the school van or the safety of the riders.

VAN BEHAVIOR GUIDELINES

Safe and appropriate behavior keeps our vans safe.

Rules for van riders help ensure that every student has a safe ride to and from school. Students are expected tofollow all the rules. Students who choose not to follow the rules may be suspended from riding the van.

THE DOS AND DON'TS OF RIDING THE VAN

What should students DO when riding the van?

- Always cooperate with all van drivers, including substitutes.
- Follow the directions given by the van driver and be respectful.
- When waiting at a van stop, wait in a line that starts well back from the curb.
- If crossing a street to or from a school van, cross only in front of the stopped van when the STOP paddle isout, and red lights are flashing.
- If crossing the street at an intersection, cross with the green light and WALK signal.
- Get on or off the van only when it has completely stopped.
- If the van driver asks a student to sit in a particular seat, the student should follow that request.
- Sit in only one seat; do not save seats for others.
- Stay in your seat always while the van is moving.
- Keep the aisles of the van clear.
- Help keep the van clean by keeping wastepaper off the floor.
- Get off the van only at your assigned stop.
- If you are using a cell phone, use it appropriately so that it does not create a disturbance for the driver or other students. Always use headphones.
- In the morning, be at your stop ten minutes before the scheduled pick-up time. (Vans will not wait for students who are not present).
- In the morning, form a line that starts well back from the curb.
- Afternoon dismissal; walk quickly to your van. Vans depart 10 minutes after the van rider dismissal.(If students miss the van, the parent/guardian will need to pick them up from school.)
- Only leave the van at your designated stop.

What should students NOT DO when riding the van?

- Do not stand when the van is moving.
- Do not place any part of your body outside the van windows (including hands, arms, and head).
- Do not bring anything onto the van that is heavy, sharp, or bulky or could affect the safety of other vanriders.
- *This includes skateboards, bikes, sticks, breakable containers, pins sticking out from clothing, oranything flammable.*
- Do not eat or drink in the van.
- Do not bring matches or tobacco in the van.
- Do not open windows unless you have permission from the van driver.
- Do not take photos or videos of students or the driver without their permission.

Weapons, including knives and guns, are strictly prohibited.
There is a zero-tolerance policy on weapons.
***Profanity, racial slurs, b*ullying or harassment of other students or the driver is not tolerated.**

SUSPENDABLE OFFENSES

We want the ride to and from school to be safe and comfortable for everyone in the van. We ask that students help create that environment.

Students may be suspended from riding the vans for committing any of the offenses listed below:

- *Defying the van driver.*
- *Fighting with another student or with the driver.*
- *Riding a van that is not assigned without the permission of a parent/guardian and the school.*
- *Exiting at the wrong van stop without permission from the parent/guardian and the school.*
- *Failing to give a name, or giving a false name, to the driver when asked.*
- *Doing anything on the van seriously harms the safety of others.*
- *Smoking in the van.*
- *Opening an emergency exit or exiting by an emergency exit or the window.*
- *Possessing banned items on the van: drugs, alcohol, bullets, explosives, fireworks, or weapons.*
- *Making a bomb threat.*
- *Inappropriate displays of affection.*
- *Bullying or harassment of other students or the driver.*
- *Throwing anything from the van.*
- *Making obscene gestures.*
- *Speaking profanely or making racial slurs at anyone in the van.*
- *Hitting, spitting, or biting other students.*

Discipline Procedures

All instances of misbehavior on the van and at van stops are serious because they can affect student safety and well-being. Discipline ranges from a warning to expulsion.

SCHOOL VANS DISCIPLINE PROCEDURE

Minor Offense

Verbal warning from the driver to the student. The driver may also contact the parent/guardian. The driver verbally warns the student, completes an Incident Warning Report, and submits it to the Disciplinary officefollowed by a parent call.

Major Offenses

- The student will be suspended from riding the van.
- The driver completes an Incident Report; a copy is placed in the student file.
- When suspended, the student is not allowed to ride any van for a specified period. This includes after-school activity vans.
- Parents/guardians will be contacted by the driver or the Student Disciplinary office to discuss the student's suspension.

Major offenses are very serious.

The student who commits a major offense will be suspended from riding the van.The length of the suspension will depend on the severity of the major offense. For each offense, a student receives a School Incident or referral form. The form will be submitted to the school disciplinary department. When a student receives incident reports, this will result in suspension of 5-10 days, or for the remainder of the school year, depending on the offense.

CENTRAL CHRISTIAN ACADEMY

REQUEST FOR SCHOOL VAN TRANSPORTATION

School van transportation may be provided to students who meet our Transportation Zoning.

- Please note that we may not cover your area, so students may be assigned a Pick-Up/Drop-off location nearest to you.
- Please read the information in the last paragraph and then complete all the information requested on this form.
- Sign, date, and submit it directly to the Central Christian Transportation Department, 5503 N Hiawassee Rd Bldg. B,Orlando, FL 32818.
- The school can provide you with a "Statement of Guidelines for Transportation Services" upon request.

Completed forms must be returned to the Central Christian Academy Transportation Department 5 days prior to the first day of school.

IF THIS IS A REQUEST FOR ADDRESS CHANGE ONLY PLACE AN "X" IN THIS BLOCK ☐

Student(s) Information (Please Print Legibly)

Student Name: _____ Grade:_____

Student Name: _____ Grade:_____

Student Name: _____ Grade:_____

Home Phone: _____ Work Phone: _____

Student's Home Address: _____City: _____

State: _____ Zip Code: _____ Email Adress: _____

Parent/Guardian Full Name: _____

MORNING PICK-UP ☐ AFTERNOON DROP-OFF ☐

Alternate Address: _____

(If this is a childcare facility, include the name, address, and telephone number of the facility)

By signing below, I make an application for transportation services as outlined above and in the accompanying guidelines.

I attest that the home address listed above is the true residence of the student(s) named above. I understand that I/we are obligated to file a new application if we change any of the above addresses. I also understand the rules for safe van riding and accept the responsibility to ensure my child(ren) understand and abide by those rules.

Parent/Guardian Signature: _____ **Date:** _____

CENTRAL CHRISTIAN ACADEMY

PHOTO RELEASE PERMISSION SLIP

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the school year for publicity, promotional, and/or educational purposes (including publications, presentations, or broadcast via newspaper, internet, or other media sources) for school purposes. I do this with full knowledge and consent and waive all claims for compensation for use, or damages.

_____Yes, I give consent for Central Christian Academy to photograph my child for school purposes and/or at school events.

_____No, I do not authorize Central Christian Academy to photograph for my child for any event.

Student's Name: _____

Parent/Guardian Signature: _____ **Date:** _____